

**NOTICE OF PRIVACY PRACTICES
COZMEDIC SURGERY ASSOCIATES**

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING MEDICAL INFORMATION

CoZmedic Surgery Associates' employees and staff understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at this office. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by CoZmedic Surgery Associates. If you have any questions about this notice, please contact Janeen M. Heilman.

This office is required by law to:

1. make sure that medical information that identifies you is kept private.
2. give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
3. follow the terms of the Notice that is currently in effect.

HOW THIS OFFICE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following describes the different ways that your medical information may be used or disclosed by this office. For clarification, we have included some examples. Not every possible use or disclosure is specifically mentioned. However, all of the ways we are permitted to use and disclose your medical information will fit within one of these general categories:

FOR TREATMENT: We will use medical information about you to provide you with medical treatment and service. We may disclose medical information about you to doctors, nurses, technicians and other office personnel who are taking care of you. Some examples are:

- Your physician or a staff member may need to talk to another physician who will provide you care when he/she is away.
- Your physician or a staff member may need to discuss your medical information with members of the hospital staff.
- Your physician or a staff member may refer you to a specialist and will discuss your condition with that specialist.
- Your physician or a staff member may want to talk with a friend or family member who will assist you with care you need outside the office. We may tell your friend or family member your condition and that you are receiving care. We may give information to someone who helps pay for your care.

FOR PAYMENT: We may use and disclose medical information about you so that the treatment and services you receive from CoZmedic Surgery Associates may be billed to and collected from you, an insurance company, or a third party. Some examples are:

- We may need to give your health plan information about treatment you received here so your health plan will pay us or reimburse you for the treatment.
- We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

FOR HEALTH CARE OPERATIONS: We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care. Some examples are:

- We may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- We may combine medical information about many of our patients to decide what additional services the office should offer, what services are not needed, and whether certain new treatments are effective.
- We may disclose information to doctors, nurses, technicians, and other office personnel for review and learning purposes.
- We may remove information that identifies you from a set of medical information so others may use it to study health care and health care delivery without learning the identity of the specific patients.

APPOINTMENT REMINDERS: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services.

TREATMENT ALTERNATIVES: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

HEALTH-RELATED BENEFITS AND SERVICES: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

RESEARCH: Under certain circumstances, we may use and disclose medical information about you for research purposes. Some examples are:

- We may disclose medical information to researchers involved in the Silicone Breast Implant Study conducted by the Food and Drug Administration (FDA).
- We may disclose medical information if your physician decides to participate in a research project testing the effects of a new medication.

AS REQUIRED BY LAW: We will disclose medical information about you when required to do so by federal, state, or local law. An example is:

- We are required to report suspected child or elder abuse, sexually transmitted diseases, HIV, or tuberculosis, etc.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. Special Situations:

- Military or Veterans – If you are a member of the armed forces, we may disclose medical information about you as required by military command authorities. We may disclose medical information about foreign military personnel to the appropriate foreign military authority.
- Workers Compensation – We may disclose medical information about you for workers' compensation or similar programs.
- Public Health Risks – We may disclose medical information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury, or disability
 - To report births and deaths
 - To report child abuse or neglect
 - To report reactions to medications or problems with medical products
 - To notify people of recalls of products they may be using.
 - To notify a person who may have been exposed to a disease or may be at risk for contacting spreading a disease or condition

HEALTH OVERSIGHT ACTIVITIES: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. For example:

- Disclosure of your medical information may be made in connection with audits, investigation, inspections, and licensure renewals, etc.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order or to defend the office. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

LAW ENFORCEMENT: We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime if, under certain circumstances, we are unable to obtain the victim/patient's agreement.
- About criminal conduct in the practice's office.
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS: We may release medical information to a coroner, medical examiner, or funeral director. This may be necessary, for example, to identify a deceased person or determine the causes of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding the medical information this office maintains about you:

Right to Inspect and Copy. You have the right to inspect and copy your medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy your medical information, you must submit your request **in writing to CoZmedic Surgery Associates**. If

you request a copy of the information we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. Your physician may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information you may request that the denial be reviewed. For information regarding such a review, contact the Office Manager.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by this office. To request an amendment, your request must be made **in writing and submitted to CoZmedic Surgery Associates**. Your request should include the reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by CoZmedic Surgery Associates, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by or for CoZmedic Surgery Associates
- Is not part of the information which you would be permitted to inspect and copy
- Is correct and complete.

Right to Accounting of Disclosures. You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request **in writing to CoZmedic Surgery Associates**. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request **in writing to CoZmedic Surgery Associates**. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply, for example, disclosures to you spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or only by mail. To request confidential communication, you must make your request **in writing to CoZmedic Surgery Associates**. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the waiting room. The notice will contain the effective date in the upper right corner of the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact Janeen M. Heilman at 248720-2544. All complaints should be submitted in writing.

You will not be penalized, discriminated against, retaliated against, or intimidated for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosure of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosure we have already made with your permission, and that we are required to retain our records of the care that we provided you.